

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/25/02 2 Serial/Patent # 10,645,643

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	3	6/11/02	\$130							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 130								
		8 TO BE REFUNDED BY:									
		Treasury Check									
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	9 <table border="1"><tr><td>5</td><td>0</td><td>—</td><td>0</td><td>7</td><td>8</td><td>2</td></tr></table>		5	0	—	0	7	8	2
5	0	—	0	7	8	2					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):  PTO error										
10 REASON:											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Tannouse</u>		TITLE: <u>Pat- Atty</u>									
SIGNATURE: <u>E. Tannouse</u>		PHONE: <u>306-9200</u>									
OFFICE: <u>4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: <u>Alicia Kelle</u>		DATE: <u>8/8/02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B